

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10634899 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8						
9						
10		1				
11		1				
12		1				
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TOTAL IND.

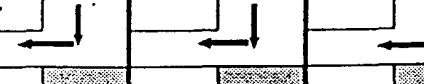
2

TOTAL DEP.

18

TOTAL CLAIMS

10



TOTAL IND.

100

TOTAL DEP.

100

TOTAL CLAIMS

100

